Rev. 06/95

DECLARATION and POWER OF ATTORNEY

s a below-named inventor, I hereby declare that:							
My residence, post	office address and citizenship are a	s stated I	below next to my r	name.			
I believe I am the obelow) of the subject	original, first and sole inventor (if or ct matter which is claimed and for wh	nly one n nich a pa	ame is listed belo tent is sought on t	w) or an original, first a he invention entitled:	nd joint inventor (if plural nar	nes are listed	
	REGENRATION OF PERFORM		-				
•	which is attached hereto unless the						
was filed on 30 S	September 2003 as U.S. Applica	tion No.	· · · · · · · · · · · · · · · · · · ·	or PCT Internation	nal Application NoPCT/US	803/31235	
	nended on		applicable).				
I hereby state that amendment referred	I have reviewed and understand to	he conte	nts of the above	identified specification,	including the claims, as ame	ended by any	
	duty to disclose information which is	known to	me to be materia	l to patentability as defir	ned in 37 CFR § 1.56.		
§ 365(a) of any PC identified below, by	gn priority benefits under 35 U.S.C T International application which of checking the box, any foreign appli- polication on which priority is claimed	designate ication fo	ed at least one co	ountry other than the U	Inited States, listed below a	nd have also	
Application			F	iling Date	Priority Claimed (Yes / No	}	
]]]	
I hereby claim the h	enefit under 35 II S.C. & 119(e) of a	ny I Inite	d States Provision	al Application(s) listed b	elow	J	
I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Pr U.S. Provisional Application No.				U.S. Filing Date			
	60/414849		30 9		September 2002		
United States, lister application or PCT information which is	enefit under 35 U.S.C. § 120 of any d below and, insofar as the subject International Application in the mark known to me to be material to pat d the national or PCT International fion No.	t matter nner prov entability ling date	of each of the cla vided by the first p as defined in 37	aims of this application paragraph of 35 U.S.C. CFR § 1.56 which becau.	is not disclosed in the prior § 112, I acknowledge the du	United States ty to disclose	
····							
	RNEY: I hereby appoint the followin ademark Office connected therewith		ey(s) and/or agent(s) the power to prosecu	te this application and transac	t all business	
Name: THOMAS	W. GORMAN	,		Registration No.: 31	1,959		
Send correspondence and direct telephone calls to:		E. Idu Legal-	E. I. du Pont de Nemours and Company Legal - Patents		Tel. No. (302) 892-1543		
THOMAS	S W. GORMAN	Wilmin	gton, DE 19898,	U.S.A	Fax No. (302) 992-4773	•	
to be true; and furth or imprisonment, or	at all statements made herein of my er that these statements were made both, under Section 1001 of Title 1 any patent issuing thereon.	e with the	e knowledge that v United States Cod	willful false statements a	nade on information and believed the like so made are punished	shable by fine	
			INVENTOR(S)		NOTE: No.		
Full Name of Inventor	Last Name KUMAR		First Name SRIDHAR		Middle Name MAKAM P.		
	Signature (please(sign full name);	aba	mp K	lemar.	Date:		
Residence & Citizenship	City (State or		State or Foreign DELAWARE		Country of Citizenship US		
Post Office Address	Post Office Address 2 SALINA COURT		City HOCKESSIN		State or Country DELAWARE	Zip Code 19707	

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Docket Number: CL2225 PCT INVENTOR(S) Middle Name **Full Name** Last Name First Name ΧIE TUYUof Inventor Signature (please sign full name): OCt. 14, 2005 State or Foreign Country Residence & Country of Citizenship KINGSTON, ONTARIO CANADA Citizenship Zip Code **Post Office** Post Office Address City State or Country Address KINGSTON, ONTARIO CANADA K7P 2B8 944 NOTTINGHILL AVENUE Middle Name Full Name Last Name First Name MOHAMED of Inventor ABDOU Signature (please sign full name): Date: State or Foreign Country Residence & Country of Citizenship CHADDS FORD **PENNSYLVIANA** CA Citizenship Post Office Post Office Address Zip Code State or Country Address 1606 MASTERS WAY **CHADDS FORD PENNSYLVIANA** 19317 Full Name Last Name ANDRIN First Name Middle Name PETER. of Inventor Date: 2005. 10.17 Signature (please sign full name): Residence & State of Foreign Country Country of Citizenship NAPANEE CANADA Citizenship Zip Code Post Office Address State or Country **Post Office** Address 34 SARAH STREET NAPANEE CANADA K7R 3X4 Full Name Last Name Middle Name First Name of Inventor Signature (please sign full name): Date: Residence & City State or Foreign Country Country of Citizenship Citizenship Post Office Post Office Address State or Country Zip Code City **Address** Middle Name **Full Name** Last Name First Name of Inventor Signature (please sign full name): Residence & City State or Foreign Country Country of Citizenship Citizenship **Post Office** Post Office Address City State or Country Zip Code **Address Full Name** Last Name First Name Middle Name of Inventor Date: Signature (please sign full name): Country of Citizenship Residence & City State or Foreign Country Citizenship **Post Office** Post Office Address State or Country Zip Code City Address

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INVENTOR(S) First Name Middle Name **Full Name** Last Name TUYU XIE of Inventor Signature (please sign full name): Residence & State or Foreign Country Country of Citizenship Citizenship KINGSTON, ONTARIO **CANADA Post Office** Post Office Address City State or Country Zip Code **Address** 944 NOTTINGHILL AVENUE KINGSTON, ONTARIO K7P 2B8 **CANADA** Full Name First Name Middle Name Last Name **MOHAMED** of Inventor **ABDOU** Signature (please sign full name): 12.16, 2005 Residence & State or Foreign Country Country of Citizenship **PENNSYLVIANA** CHADDS FORD CA Citizenship Zip Code Post Office Post Office Address State or Country City Address 1606 MASTERS WAY CHADDS FORD **PENNSYLVIANA** 19317 **Full Name** Last Name First Name Middle Name **ANDRIN PETER** of Inventor Signature (please sign full name): Date: State or Foreign Country CANADA Residence & City NAPANEE Country of Citizenship CA Citizenship Post Office Address **Post Office** City State or Country Zip Code 34 SARAH STREET NAPANEE CANADA K7R 3X4 Address Full Name Middle Name Last Name First Name of Inventor Signature (please sign full name): Date: Residence & City State or Foreign Country Country of Citizenship Citizenship **Post Office** Post Office Address City State or Country Zip Code Address Middle Name **Full Name** Last Name First Name of Inventor Date: Signature (please sign full name): Residence & State or Foreign Country Country of Citizenship City Citizenship **Post Office** Post Office Address City State or Country Zip Code Address Middle Name Full Name Last Name First Name of Inventor Signature (please sign full name): Date: Country of Citizenship Residence & State or Foreign Country City Citizenship Post Office State or Country Post Office Address City Zip Code **Address**

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